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09/481503  
01/12/00

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>May</i>		
<b>O.I.P.E. CLASSIFIER</b>		15	1/12/00
<b>FORMALITY REVIEW</b>		2172	2/11/00
<b>RESPONSE FORMALITY REVIEW</b>		2172	3/23/00
		2172	5/13

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Date	
Final	Original	
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If more than 150 claims or 10 actions  
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APPLICATION NO  
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APPLICANTS

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